U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32019

Primary Registration District No. 1003

Registrar's No. 8265

1. PLACE OF DEATH:

(a) County —

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS (Specify whether years, months or days)

In this community ALL HIS LIFE

2. USUAL RESIDENCE OF DECEASED: 96

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL") NR

(d) Street No. 817 S. SAPPINGTON (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME CHRISTOPHER MILLER HAWKEN Jr.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife EMILY S. HAWKEN

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased SEPTEMBER (Month) 22 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
72	—	11	— hr. — min.

9. Birthplace ST. LOUIS CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation TIN SMITH

11. Industry or business —

MOTHER FATHER

12. Name CHRISTOPHER MILLER HAWKEN

13. Birthplace 2ND & CHERRY ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

14. Maiden name MARY ANN KINCAD EADS

15. Birthplace ST. LOUIS CO. (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Cynthia Hawken

(b) Address 817 S SAPPINGTON RD WEBSTER GROVES

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-6-1942 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Funeral Co

(b) Address WEBSTER GROVES MO.

19. (a) OCT 6 1942 (Date received local registrar) J. F. Budeck (Registrar's signature)

84 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 29, 1942 to October 3, 1942; that I last saw him alive on October 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pyelonephritis non-calculous	10 days
Due to Urinary Retention	3 mos
Due to Hypertrophy Prostate	over 1 yr.

Other conditions (Include pregnancy within 3 months of death) 22

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury D

23. Signature [illegible] (Physician or other)

Address Webster Groves, Mo. Date signed 10/5/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed G G Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.